Atty. Dkt. No. 038602-1140



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Klaus P. HIRTH

Title:

METHOD FOR MOLECULAR

**DIAGNOSIS OF TUMOR** ANGIOGENESIS AND

**METASTASIS** 

Appl. No.:

09/829,968

Filing Date: 04/11/2001

Examiner:

HUNT, JENNIFER ELIZABETH

SEP 2 4 2002

TECH CENTER 1600/2900

RECEIVED

Art Unit:

1642

**AMENDMENT TRANSMITTAL** 

Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a [ ] Small Entity statement previously submitted.
- [ ] Small Entity statement is enclosed.
- [ **X** ] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	8		20	=	0	×	\$18.00	=	\$0.00
Independents:	1	-	3	=	0	- x	\$84.00	=	\$0.00
First presentation	on of any M	ultiple	e Dependen	t Cla	ims:	-+	\$280.00	=	\$0.00
					CI	AIMS	FEE TOTAL:	=	\$0.00

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

Atty. Dkt. No. 038602-1140

\$0.00	\$110.00	Extension for response filed within the first month:
\$0.00	\$400.00	Extension for response filed within the second month:
\$920.00	\$920.00	Extension for response filed within the third month:
\$0.00	\$1,440.00	Extension for response filed within the fourth month:
\$0.00	\$1,960.00	Extension for response filed within the fifth month:
\$920.00	N FEE TOTAL:	EXTENSIO
\$920.00	N FEE TOTAL:	CLAIMS AND EXTENSIO
\$0.00	½ of above):	Small Entity Fees Apply (subtrac
\$920.00	TOTAL FEE:	

- [ ] Please charge Deposit Account No. 19-0741 in the amount of \$920.00. A duplicate copy of this transmittal is enclosed.
- [X] A check in the amount of \$920.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Attorney for Applicant

Registration No. 35,087

Date \_

FOLEY & LARDNER

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